

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER: _____ RESPONDENT: _____	
PROOF OF SERVICE FOR STEPPARENT ADOPTION	
CASE NUMBER: _____	

1. I served the person cited (name): _____ with the citation and petition as follows:
 - a. by serving Person cited.
 - b. Delivery at: ☐ home ☐ business
 1. date: _____ 2. time: _____
 3. address: _____
2. Serviced ☐ Adoption Citation, ☐ Petition to declare free, ☐ Request for Adoption ☐ Request for Order
 - a. ☐ (Personal Service) by personally delivering copies
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$ _____
5. I am
 - a. ☐ Not a registered California process server
 - b. ☐ A registered California process server
 - c. ☐ Exempt from registration under Business and Professions Code § 22350(b)
 - d. ☐ California sheriff or marshal
6. Person Serving (name, address and telephone number):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(SIGNATURE OF PERSON SERVING)